

Appendix 9-4

Public Request for Reasonable Accommodation



Washington State
Department of Transportation



Public Request for
Reasonable Accommodation

Use this form to request accommodation for department programs, services, or activities.

| | |
|--|---|
| Print Materials | |
| Do you know the title(s) of specific publications that you want? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, please specify the title(s) | |
| <hr/> | |
| <hr/> | |
| <hr/> | |
| If no, what information can you provide to help us identify the requested documents or publications? For example, | |
| Source of information <hr/> | |
| Location seen or reference provided <hr/> | |
| Subject matter <hr/> | |
| Other leads <hr/> (Attach additional information on separate paper if needed) | |
| What alternate format do you prefer? (Indicate first, second, third choice if possible) | |
| <input type="checkbox"/> Large print | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Computer disk |
| <input type="checkbox"/> Cassette tape(s) | <input type="checkbox"/> Other (please specify) <hr/> |

| | |
|---|--|
| Other Communication Requirements | |
| Do you need a reader? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Do you need a certified sign language interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify preference Visual <input type="checkbox"/> Tactile <input type="checkbox"/> | |
| Do you have other communication requests? | |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Video tape displays |
| <input type="checkbox"/> Television captioning | <input type="checkbox"/> Assistive listening headset |
| <input type="checkbox"/> Other (please specify) <hr/> | |

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|--|--|
| Other Types of Assistance | |
| <input type="checkbox"/> Wheelchair-accessible hotel/motel or meeting room | |
| <input type="checkbox"/> Hotel/motel or meeting room close to elevator or lobby | |
| <input type="checkbox"/> Nonsmoking guest room | |
| <input type="checkbox"/> Special assistance in evacuating facilities or notification in case of emergency | |
| Please explain <hr/> | |
| <input type="checkbox"/> Other (transportation from airport, tour transportation, straight back chair, etc.) <hr/> | |

| | |
|--|--|
| Requestor's name <hr/> | |
| Address <hr/> City <hr/> State <hr/> Zip <hr/> | |
| Telephone: Home () <hr/> Work () <hr/> | |
| Request received by <hr/> (print name) Date <hr/> | |
| Forwarded to <hr/> (print name) Date <hr/> | |
| Date needed <hr/> | |

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Yellow copy for program file

DOT 731-005X

